

McLaren Flint  
Flint, Michigan

Research Patient Registration  
Registration-ORDER

Patients name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Title of Clinical Trial: \_\_\_\_\_

Attending / Admitting Physician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Secondary Diagnosis: Examination of participant in clinical trial

Patient Type: RESEARCH  
Service Type: RESEARCH

Complaint: Study Title: \_\_\_\_\_

NCT # \_\_\_\_\_

Insurance / Payor: RESEARCH

Print facesheet to: Clinical Trials Office & CTMP

Out-Patient Charges

The above named patient has been enrolled in a clinical trial.  
Below listed are the tests / procedures covered by the clinical trial.

List of tests/procedures which are part of research study not part of standard of care:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/ Time \_\_\_\_\_

Questions: Please contact: \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Sent patient to \_\_\_\_\_ or call \_\_\_\_\_



PT.

MR.#/P.M.

DR.